



Supplemental Application Data Sheet

Application Information

Application number:: 10/521,063
Filing Date:: 01/11/05
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R??:: No
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)?:: No
Number of copies of CRF::
Title:: METHODS AND APPARATUSES FOR
REPAIRING ANEURYSMS
Attorney Docket Number:: 021764-000720US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure:: 14
Total Drawing Sheets:: 16
Small Entity?:: Yes
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Singapore
Status:: Full Capacity
Given Name:: Whye-Kei
Middle Name::
Family Name:: LYE
Name Suffix::
City of Residence:: Charlottesville
State or Province of Residence:: VA
Country of Residence:: US
Street of Mailing Address:: 1060 Ramblewood Place
City of Mailing Address:: Charlottesville
State or Province of mailing address:: VA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 22901

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Middle Name:: L.
Family Name:: Reed
Name Suffix::
City of Residence:: Charlottesville
State or Province of Residence:: VA
Country of Residence:: US
Street of Mailing Address:: 2181 Whippoorwill Road
City of Mailing Address:: Charlottesville
State or Province of mailing address:: VA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 22901

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark
Middle Name:: H.
Family Name:: Wholey
Name Suffix::
City of Residence:: Oakmont
State or Province of Residence:: PA
Country of Residence:: US
Street of Mailing Address:: 816 Woodland Avenue
City of Mailing Address:: Oakmont
State or Province of mailing address:: PA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 15139

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/US03/21611	07/11/03
PCT/US03/21611	An appn. claiming	60/395,180	07/11/02
	benefit under 35 USC		
	119(e)		

PCT/US03/21611	An appn. claiming benefit under 35 USC 119(e)	60/421,404	10/24/02
PCT/US03/21611	An appn. claiming benefit under 35 USC 119(e)	60/421,350	10/24/02
PCT/US03/21611	An appn. claiming benefit under 35 USC 119(e)	60/428,803	11/25/02

Foreign Priority Information

Country::	Application number::	Filing Date::
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Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::